

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09782331

APPLICANT(S)

FILING DATE
2-13-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	18	↓	↓	↓		
TOTAL CLAIMS	21					

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TOTAL IND.		↓		
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				